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## City of Lakewood - Division of Municipal Income Tax

City Income Tax Return for Individuals

2016

Due By: April 18, 2017

DATE OF MOVE	DURING 2016:					☐ Refund	
Into Lakewood		Prior Address:				☐ Extension	
Out of Lakewood	Name and the state of the state						
Contact Informati	on:			Taxpayer's Socia	l Security Number	Make checks pa	yable and mail to:
				Spouse's Social Sec	curity Number (if joint)	PO Box	l - Division of Tax x 77047 . OH 44194
				Filing Status - C	HECK ONLY ONE	Phone: (216) 52	
Telephone: (	<u>-</u>		······································	☐ Single		Fax: (216) 529-	6099
	RGET TO ATTACH THE FOLLOWING DO			☐ Married - Fil ☐ Married - Fil	_	1	onelakewood.com glakewoodoh.net
	you want Lakewood to calculate your t		1 ( 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m		· · ·		<u>.</u>
TABLE A: WAGES	S AND COMPENSATION ns 1099-MISC and 1099-K, W-2Gs, and					orono marcin 10, 20	
	: Part-Year Resident Calculation	. ago , 0, , coo, an		E per metraetione	inė salauninė vienas į vienas		s de la cintación de la composition de
	d only be used for moves within the State o		1.	Number of Months	Lived in Lakewood:		
	e entire year, or if you moved directly into L ate, calculate Columns 1 and 3 by 100%.	akewood from a		Divide Section A-	•		
	: W-2 Income Calculation		3.	Multiply Section .	A-1, Line 2 by 100:		9
Dates wages were earned MM DD MM DD	LOCATION WHERE EARNED List each W2 separately	Column 1 Total Wages or Compensation	Column 2 Withheld for Lakewood	Column 3 Withheld for other localities	Column 4 Tax Credit Limit (Column 1 x .01)		Column 6 Tax Credit (Column 5 x .50
111111 35   11111 35	Enter Section A-1, Line 3 in Column 1 and Column 3, and multiply each listing in Columns 1 & 3 by percentage before entering on form.		100%	%	(001211111   X 101)	Goldmir V GF 4	Verification of
	Lakewood (Calculate at 100%) Lakewood (Calculate at 100%)						
	Total from Table C;						
· '	Overall Total:					Total	
3. Total Taxable 4. Schedule Inco  TAX AND CREDIT: 5. Total Non-Sch 6. Taxes withheld 7. Wage income 8. Total Non-Sch 9. Total Non-Sch 10. Total Schedule	come not reported on Table B (i.e. Gamblin Non-Schedule Income (add Lines 1 and 2 me (From Table B, Column 6, Line 9) - Dose edule Lakewood tax due before credits (nd and paid to Lakewood (from Table A, Setax credit (from Table A, Section A-2, Coledule Credits (add Lines 6 and 7) edule tax due before estimated payments at tax due before estimated payments (from tax due before estimated payments (from tax due before estimated payments (add Lines 9 a	D NOT enter amount outliply Line 3 by 1.5 ection A-2, Column 2 umn 6) (subtract Line 8 from Table B, Column 6	t less than zero % or .015) 2) m Line 5)	,	6. 7.	5. 8. 9. 10.	
	tax payment(s) and unused prior year credit Subtract Line 12 from Line 11 and procee				12. o Line 14	13.	
OVERPAYMENT 14. Overpayment	- If Line 12 is greater than Line 11, and no	ot less than \$10.00,	subtract Line 11 fro	m Line 12		14.	
15. From Line 14 -	Amount to be credited to 2017 - \$	Amout	nt to be refunded - \$		(Proceed to Line	17)	
BALANCE DUE						-	
	If Line 11 is greater than Line 12, and not	less than \$10.00, s	ubtract Line 12 from	Line 11		16.	
17 Estimated inco	ME TAX FOR 2017 me tax for 2017 (form Line 11)				17.	[	
	ayment (multiply Line 17 by 25% or .25)				11.	18.	
	olied to first quarter 2017 estimate (from L	ine 15)				19.	
	lue by April 18, 2017 (add Line 16, 18, and	•				20.	
The undersigned decl	ares this to be a true, correct, and complete re	turn of Lakewood Inco	ome Tax for the period	stated.	Pay by Credit Card -	Mastercard/Visa/Discov	er/American Express
Taxpayer's Signatur	<b>e</b>		Date	, <u>and www</u>	Acct. Number Exp. Date	Security Co	ode
Spouse's Signature	****		Date			ossum, oc	
Tax Preparer's Sign	ature (if other than taxpayer) Pho	ne #	Date		Signature		Manual de la companya

ABLE B: NET OPERATING LOSS (NOL) CONSOLIDATED TAX C ttach all copies of Federal Schedules and Non-Lakewood Mi						
Taxable Non-Wage Income	Column 1 Earned in	Column 2 Earned in	Column 3 Earned in	Column 4 Earned in	Column 5 Earned in	Column 6 Totals
Municipality Where Earned	Lakewood					
NOL Carryforward from 2015						
						<u> </u>
NOL Carryforward from 2014						ļ
NOL Carryforward from 2013						
NOL Carryforward from 2012						
NOL Carryforward from 2011						
Federal Schedule C Income (Loss)						
Federal Schedule E Income (Loss)						
Federal Schedule E pg 2, K-1 Income (Loss)						
Taxable non-wage Income						
Amounts greater than \$0 from Line above						
Total of positive net profits	<u> </u>					
Percentage of total positive net profits						
Prior year NOL and current net (loss) totals						
If (loss) exceeds profit, STOP and enter 0						
Allowable (loss) based on percentage calculation						
Net profit after (loss) application						
Net profit * 1.5% City of Lakewood gross tax rate						
Enter amount of taxes paid to other municipality (Proof of						
taxes paid must be attached to return)						
Credit of 0.5% for taxes paid to other municipality						
Tax due						

				RAL 2106 EXPENSES s of Federal Schedule A and	l Form 2106		· ·					
Dates wages		es	LOCATION WHERE EARNED	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	
We	ere e	ame	ed	liet aach MO eanaratalu	Total Wages	2106 Expense Amount	Net Wages	Withheld for	Withheld for	Tax Credit Limit	Smaller of	Tax Credit
MM	DD	ММ	DD	List each W.L Separately	or Compensation	Less 2% of AGI	or Compensation	Lakewood	other localities	(Column 3 x .01)	Column 5 or 6	(Column 7 x .50
				LAKEWOOD								
				LAKEWOOD				·····				
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$\dashv$	$\dashv$											
					Totals t	o Table A, Section A-2:				Total to Table /	, Section A-2:	
							(Column 1)	(Column 2)				(Column 6)

TABLE D: TAXPAYER AND/OR SPOUSE EXEMPTION Proof may be required. Please see instructions.	
Primary Taxpayer	Joint Taxpayer
Retired as of	Retired as of